IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

applicant: Moreh, et al.

Docket No:

60468.300301

Serial No: 09/827,697

Group Art Unit: 2155

Filing Date: April 7, 2001

Examiner: Tran, Philip B.

For:

"FEDERATED AUTHENTICATION SERVICE"

RECEIVED

MS Non Fee Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

DEC 0 3 2003

Technology Center 2100

TRANSMITTAL

×	Transmitted herewith is a Response to Office Action and Amendment for this application.
	STATUS
X	Applicant is a small entity.

EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity		
one month two months three months four months	\$ 110.00 \$ 420.00 \$ 950.00 \$1,480.00	\$ 55.00 \$210.00 \$475.00 \$740.00		
	Fee \$			

If an additional extension of time is required please consider this a petition therefor.

An extension for	months has already been secured and the fee paid
therefor of \$	is deducted from the total fee due for the total months
of extension now requested.	

other than a small entity.

Extension fee due with this request \$

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on November 24, 2003, with the U.S. Postal Service as first class mail in an envelope addressed to: MS Non Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: November 24, 2003

Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		Rate	Addit. Fee
Total	Minus	; *0* =		x9=	\$		x18=	\$
Indep.	Minus	s *0* =	:	x43=	\$		x86=	\$
☐ FIRST	PRESENTATION OF	MULTIPLE DEP. CLAII	M	+140=	\$		x280=	\$
				TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$

X T	No additional fee for claims required. Total additional fee for claims required \$				
	FEE PAYMENT				
<u> </u>	Attached is a check in the sum of \$ Charge Account No. 08-3240 the sum of \$ A duplicate of this transmittal is attached.				

FEE DEFICIENCY

In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-3240. A duplicate of this authorization is enclosed for that purpose.

Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: November 24, 2003

RAYMOND E. ROBERTS

Reg. No. 38,597

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